

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02888

**Entity Name:** MAGDALENE COURT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3210 W. PALMIRA AVE.  
TAMPA, FL 33629

**Current Mailing Address:**

PO BOX 10206  
TAMPA, FL 33679 US

**FEI Number:** 59-2403562

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, WESLEY K ESQ  
400 N ASHLEY DR #2020  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name SEGRETO, DAWN  
Address PO BOX 10206  
City-State-Zip: TAMPA FL 33679

Title P  
Name BARR, KATIE  
Address PO BOX 10206  
City-State-Zip: TAMPA FL 33679

Title VP  
Name CZERNIAK, GENE  
Address PO BOX 10206  
City-State-Zip: TAMPA FL 33679

Title TREASURER  
Name DRAIN, JOHN  
Address PO BOX 10206  
City-State-Zip: TAMPA FL 33679

Title SECRETARY  
Name GARVEY, REGINA  
Address PO BOX 10206  
City-State-Zip: TAMPA FL 33679

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATIE BARR

**PRES.**

**03/31/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date